

DT15 Rec'd PCT/PTO 17 MAR 2005

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Number::

Filing Date:: March 17, 2005

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: PHARMACEUTICAL SALTS OF VALDECOXIB

Attorney Docket Number:: TPIP019/WO US

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawings Sheets:: 60

Small Entity?: Yes

Latin name::

Variety denomination name::

Petition included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Julius
Middle Name::
Family Name:: Remenar
Name Suffix::
City of Residence:: Framingham
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 9 Eaton Road
City of mailing address:: Framingham
State of mailing address:: MA
Country of mailing address:: US
Zip Code of mailing address:: 01701

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Matthew
Middle Name::
Family Name:: Peterson
Name Suffix::
City of Residence:: Hopkinton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 25 Downey Street
City of mailing address:: Hopkinton
State of mailing address:: MA
Country of mailing address:: US
Zip Code of mailing address:: 01748

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

| | |
|----------------------------------|---------------------|
| Primary Citizenship Country:: | Iceland |
| Status:: | Full Capacity |
| Given Name:: | Orn |
| Middle Name:: | |
| Family Name:: | Almarsson |
| Name Suffix:: | |
| City of Residence:: | Shrewsbury |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 22 Farmington Drive |
| City of mailing address:: | Shrewsbury |
| State of mailing address:: | MA |
| Country of mailing address:: | US |
| Zip Code of mailing address:: | 01545 |

APPLICANT INFORMATION

| | |
|----------------------------------|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Hector |
| Middle Name:: | |
| Family Name:: | Guzman |
| Name Suffix:: | |
| City of Residence:: | Jamaica Plain |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 47 Wyman Street |
| City of mailing address:: | Jamaica Plain |
| State of mailing address:: | MA |
| Country of mailing address:: | US |
| Zip Code of mailing address:: | 02130 |

APPLICANT INFORMATION

| | |
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| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Hongming |
| Middle Name:: | |
| Family Name:: | Chen |
| Name Suffix:: | |
| City of Residence:: | Acton |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 8 Sawmill Road |
| City of mailing address:: | Acton |
| State of mailing address:: | MA |
| Country of mailing address:: | US |
| Zip Code of mailing address:: | 01720 |

APPLICANT INFORMATION

| | |
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| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | US |
| Status: | Full Capacity |
| Given Name: | Mark |
| Middle Name: | |
| Family Name: | Tawa |
| Name Suffix: | |
| City of Residence: | West Roxbury |
| State or Province of Residence: | MA |
| Country of Residence: | US |
| Street of mailing address: | 16 Carol Circle |
| City of mailing address: | West Roxbury |
| State of mailing address: | MA |
| Country of mailing address: | US |

Zip Code of mailing address: 02132

APPLICANT INFORMATION

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Mark
Middle Name:
Family Name: Oliveira
Name Suffix:
City of Residence: Framingham
State or Province of Residence: MA
Country of Residence: US
Street of mailing address: 69 Nicholas Road, Apt. J.
City of mailing address: Framingham
State of mailing address: MA
Country of mailing address: US
Zip Code of mailing address: 01701

CORRESPONDENCE INFORMATION

Correspondence Customer

Number:: 34846
Name:: Transform Pharmaceuticals, Inc.
Street of mailing address:: 29 Hartwell Avenue
City of mailing address:: Lexington
State of mailing address:: MA
Country of mailing address:: USA
Zip Code of mailing address:: 02421
Phone Number:: 781-674-7816
Fax Number:: 781-863-7208
E-Mail address::

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---------------------------------------------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/US03/28982 | September 16, 2003 |
| PCT/US03/28982 | An application claiming the benefit under 35 USC 119(e) | 60/412,459 | September 20, 2002 |
| PCT/US03/28982 | An application claiming the benefit under 35 USC 119(e) | 60/426,275 | November 14, 2002 |
| PCT/US03/28982 | An application claiming the benefit under 35 USC 119(e) | 60/427,086 | November 15, 2002 |
| PCT/US03/28982 | An application claiming the benefit under 35 USC 119(e) | 60/429,515 | November 26, 2002 |
| PCT/US03/28982 | An application claiming the benefit under 35 USC 119(e) | 60/437,516 | December 30, 2002 |
| PCT/US03/28982 | An application claiming the benefit under 35 USC 119(e) | 60/456,027 | March 18, 2003 |

FOREIGN PRIORITY INFORMATION

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
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ASSIGNEE INFORMATION

Assignee name::

Street of mailing address::

City of mailing address::

State of mailing address::

Country of mailing address::

Zip Code of mailing address::